



Membership Application:

Please complete and mail to: Mississippi Gulf Coast Chamber of Commerce, 11975E Seaway Road, Gulfport, MS 39503

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Website Address: _____ E-mail Address: _____

Telephone: _____ Fax: _____

Business Classification: _____

Business Description: _____

CEO: _____ Title: _____

Key Contact: _____ Sponsor: _____

Membership Information

No. of Full-Time Employees: _____

No. of Part-Time Employees: _____

Annual Investment: _____ + one-time \$25 fee

Payment Information

Check (make payable to Mississippi Gulf Coast Chamber of Commerce)

Visa MasterCard

Card #: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Cardholder Signature: _____

Billing Information

Billing Contact: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____